

State File No. **32444**

BIRTH NO. 102501-50		REG. DIST. NO. 367		PRIMARY REG. DIST. NO. 6252		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u> b. CITY OR TOWN <u>Millspring</u> c. LENGTH OF STAY (in this place) <u>7 months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> c. CITY OR TOWN <u>Millspring</u> 1116 d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steve</u> b. (Middle) <u>Ray</u> c. (Last) <u>Eaton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>June 2, 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Coy Odie Eaton</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Ruth Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Coy Eaton, Millspring, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enlarged Heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin E. Bower</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Piedmont Mo.</u>		23c. DATE SIGNED <u>Sept 4, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carson Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>near Millspring Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Susie O. Piles</u> 340		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>n.w. Hish Piedmont Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

RECEIVED

OCT 13 1950

WAYNE CO. HEALTH CENTER

FILE No. 1080-690

OCT 17 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Marvin E. Bowles

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.